

VILLAGE OF SAUGET
PHYSICAL/CHEMICAL
WASTEWATER TREATMENT PLANT
10 MOBILE STREET
SAUGET, ILLINOIS 62201
(618) 271-4085

5/1/95
153629

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 775 727 693

May 1, 1995

RECEIVED
MAY 05 1995
IEPA/DLPC

Mr. William Radlinski
Illinois Environmental Protection Agency
Division of Land Pollution Control #2
Post Office Box 19276
Springfield, Illinois 62794-9276

Subject: 1994 Hazardous Waste Report- Sauget WWTP

Dear Mr. Radlinski:

Please find attached corrections to our facility's 1994 Hazardous Waste Report submitted March 1, 1995. The revised report addresses the quantities of wastes previously reported.

I can be reached with any questions or comments at (618) 337-1710 or at American Bottoms Treatment Plant, One American Bottoms Road, Sauget, Illinois 63012.

Sincerely,



Kay E. Anderson
Environmental Compliance Manager

6210109

VILLAGE OF SAUGET
WASTEWATER TREATMENT PLANT
10 MOBILE STREET
SAUGET, ILLINOIS 62201

RECEIVED
MAR 02 1995
IEPA/DLPC

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 775 736 503

March 1, 1995

Mr. William Radlinski
Illinois Environmental Protection Agency
Division of Land Pollution Control #2
Post Office Box 19276
Springfield, Illinois 62794-9276

Subject: 1994 Hazardous Waste Report- Sauget WWTP

Dear Mr. Radlinski:

Please find attached our facility's 1993 Hazardous Waste Report.

I can be reached with any questions or comments at (618) 337-1710
or at American Bottoms Treatment Plant, One American Bottoms
Road, Sauget, Illinois 63012.

Sincerely,



Kay E. Anderson
Environmental Compliance Manager

092000

ILB0000672327

1631215003

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form IC — Identification and Certification

Instructions for this form found on pages 6 - 12.

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

SEC. 1 - GENERATOR STATUS

A. 1 RCRA Generator Status (Enter one code)

30

- 1 = LQG
2 = SQG
3 = CESQG
4 = Nongenerator (Continue to Box B)

} Skip to Box C

RECEIVED

MAR 02 1995

IEPA/DLPC

B. Reason for not generating (Check all that apply)

- 31 ☐ Never generated
32 ☐ Out of business
33 ☐ Only excluded or delisted waste generated
34 ☐ Only non-hazardous waste generated
35 ☐ Periodic generator, none in reporting year
36 ☐ Waste minimization activity
37 ☐ Other (Specify in comments box)

C. 1 Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.

38

SECTION II. ENTER THE SIC CODE(S) FOR THIS LOCATION.

4 9 5 2

43

47

51

SECTION III. ON-SITE WASTE MANAGEMENT STATUS (enter one code for each question)

- A. 1 RCRA regulated (permitted or interim status) storage (Nu)
B. 1 RCRA permitted or interim status treatment, disposal, or recycling (No)
C. 1 Treatment, disposal, or recycling exempt from RCRA permit requirements. (No)

SECTION IV. WASTE MINIMIZATION ACTIVITY DURING THIS REPORTING YEAR (Enter Y [Yes] or N [No] for questions A-E)
(ONLY LQG'S SHOULD COMPLETE SECTION IV)

- A. N Did this site begin or expand a source reduction activity this year? If "no" refer to page 48 and list factors in D first row. If "yes" complete Form GM Section IV.
B. N Did this site begin or expand a recycling activity this year? If "no" refer to page 48 and list factors in D first row. If "yes" complete Form GM Section IV.
C. Y Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed on page 48 delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, refer to page 48 and enter Y on the appropriate row below.

SOURCE REDUCTION LIMITING FACTORS

a. b. c. d. e. f. g. h. i. j.

61

62

63

64

65

66

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RECYCLING LIMITING FACTORS (Lack of tech info on techniques applicable to processes.)

a. b. Y c. d. e. f. g. h. i. j. k. l. m. n. o.

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E. Y Does this site have in place an organized program to implement recycling and/or source reduction activities? If "yes", refer to page 49 and mark all activities which describe your program on spaces 87 through 99. (Internal PP audits)

a. Y b. c. d. e. f. g. h. i. j. k. l. m. Y

87

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89

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99

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Community education

100

SEC. V. This Agency is authorized to require this information under 415 ILCA 5/4 and 21 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last Name Gallagher First Name Daniel B. Title Plant Manager

C. Signature [Signature] D. Date of signature 3-1-95

Page 0001 of 6

ILB0000672329

1631215003

SAUGET WWT
10 MOBIL AVE
SAUGET

IL
62201

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form IC — Identification and Certification

Instructions for this form found on pages 6 - 12.

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

SEC. 1 - GENERATOR STATUS

A. 1 RCRA Generator Status (Enter one code)

30

- 1 = LOG
2 = SQG
3 = CESQG
4 = Nongenerator (Continue to Box B)

} Skip to Box C

COPY

SEC. 1

B. Reason for not generating (Check all that apply)

- 31 ☐ Never generated
32 ☐ Out of business
33 ☐ Only excluded or delisted waste generated
34 ☐ Only non-hazardous waste generated
35 ☐ Periodic generator, none in reporting year
36 ☐ Waste minimization activity
37 ☐ Other (Specify in comments box)

C. 1 Status Time Period: 1 = Expected to be the same next year and following years. 2 = Expected to change next year.

38

SECTION II. ENTER THE SIC CODE(S) FOR THIS LOCATION.

4 9 5 2 43 47 51

SECTION III. ON-SITE WASTE MANAGEMENT STATUS (enter one code for each question)

- A. 1 RCRA regulated (permitted or interim status) storage (No)
B. 1 RCRA permitted or interim status treatment, disposal, or recycling (No)
C. 1 Treatment, disposal, or recycling exempt from RCRA permit requirements. (No)

SECTION IV. WASTE MINIMIZATION ACTIVITY DURING THIS REPORTING YEAR (Enter Y [Yes] or N [No] for questions A-E)
(ONLY LOG'S SHOULD COMPLETE SECTION IV)

- A. N Did this site begin or expand a source reduction activity this year? If "no" refer to page 48 and list factors in D first row.
If "yes" complete Form GM Section IV.
B. N Did this site begin or expand a recycling activity this year? If "no" refer to page 48 and list factors in D first row.
If "yes" complete Form GM Section IV.
C. Y Did this site systematically investigate opportunities for source reduction or recycling?
D. Did any of the factors listed on page 48 delay or limit this site's ability to initiate new or additional source reduction or on-site or off-site recycling activities this year; if yes, refer to page 48 and enter Y on the appropriate row below.

SOURCE REDUCTION LIMITING FACTORS

a. 41 b. 42 c. 43 d. 44 e. 45 f. 46 g. 47 h. 48 i. 49 j. Y 70

RECYCLING LIMITING FACTORS (Lack of tech info on techniques applicable to processes.)

a. 71 b. Y 72 c. 73 d. 74 e. 75 f. 76 g. 77 h. 78 i. 79 j. 80 k. 81 l. 82 m. 83 n. 84 o. 85

E. Y Does this site have in place an organized program to implement recycling and/or source reduction activities? If "yes", refer to page 49 and mark all activities which describe your program on spaces 87 through 99. (Internal PP audits)

a. Y 87 b. 88 c. 89 d. 90 e. 91 f. 92 g. 93 h. 94 i. 95 j. 96 k. 97 l. 98 m. Y 99

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Community education

100

SEC. V. This Agency is authorized to require this information under 415 ILCA 5/4 and 21 (f)(2). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$1,000,000.00 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print. Last Name Gallagher First Name Daniel B. Title Plant Manager

C. Signature [Signature] D. Date of signature 3-1-95

Page 0001 of 6

13

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Grit from wastewater treatment containing benzene
B. EPA Hazardous Waste Code D 0 1 8
C. SIC code 4 9 5 2
D. Origin Code 3 System type M N/A
E. Source code A 7 5 A A (Wastewater treatment)
F. Point of measurement 1 (Unmixed)
G. Waste form code B 3 1 9 (Inorganic not pumpable)
H. Radioactive mixed 2 (No)
I. TRI constituent 1 (No TRI required)
J. CAS numbers: 1. N/A 2. 83 3. 91
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 9.79 lbs/gal (Same unit and density must be used for all quantities on this page) (lbs)
Quantity generated in: B. Previous reporting year 118631 C. Current reporting year 266805
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year 145
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B, N= No (Skip to Sec. IV)
Site 1: Name and address of facility: Chemical Waste Management - Emelle
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459
B. U.S. EPA ID No. of facility waste was shipped to: A L D 0 0 0 6 2 2 4 6 4
C. System type shipped to: M 1 3 2 (Landfill) D. Off-site availability code 1 (Commercial)
E. Total quantity shipped in this reporting year: 2 6 6 8 0 5
Site 2: Name and address of facility:

C. B. U.S. EPA ID No. of facility waste was shipped to: 137
C. System type shipped to: M D. Off-site availability code 213
E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities 238
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year: 263
Quantity stored at year end that was generated prior to this reporting year: 273

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

Page 2

Original manifests corrected to show that was not a DO21 waste.

ILD000672329 163/2/5003

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30

Sec. I WASTE DESCRIPTION

A. Waste Description: Grit from wastewater treatment containing benzene
B. EPA Hazardous Waste Code D 0 1 8
C. SIC code 4 9 5 2
D. Origin Code 3 System type M N/A E. Source code A 7 5 A (Wastewater treatment)
F. Point of measurement 1 (Unmixed) G. Waste form code B 3 1 9 (Inorganic not pumpable)
H. Radioactive mixed 2 (No) I. TRI constituent 1 (No TRI required)
J. CAS numbers: 1. N/A 2. 107 3. 107 4. 107 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 9.79 lbs/gal (Same unit and density must be used for all quantities on this page) (lbs)
B. Quantity generated in: B. Previous reporting year 118631 C. Current reporting year 266805 123870
Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year 145
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
B. Name and address of facility: Chemical Waste Management - Emelle
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459
C. U.S. EPA ID No. of facility waste was shipped to: A L D 0 0 0 6 2 2 4 6 4
D. System type shipped to M 1 3 2 (Landfill) E. Off-site availability code 1 (Commercial)
F. Total quantity shipped in this reporting year: 2-6-6-8-0-5 123870
G. Name and address of facility:

KA
A/7/95 ✓

H. U.S. EPA ID No. of facility waste was shipped to: 187
I. System type shipped to M J. Off-site availability code 1
K. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
Activity W 221 W 222 W 223 W 224 C. Other effects (Y=Yes, N=No) 225
Quantity recycled in reporting year due to new activities 226
Activity/production index 227 F. Reporting year Source reduction quantity 228

Sec. V REGULATED STORAGE

Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year: 229
Quantity stored at year end that was generated prior to this reporting year: 230

COMMENTS: Y Enter Y (Yes) if you have comments regarding this page and attach a separate sheet

Page 2

Original manifests corrected to show that was not a D021 waste

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Grit from wastewater treatment containing benzene and PCBs
B. EPA Hazardous Waste Code D 0 1 8
C. SIC code 4 9 5 2
D. Origin Code 3 System type M N/A E. Source code A 7 5 A A (Wastewater treatment)
F. Point of measurement 1 (Unmixed) G. Waste form code B 3 1 9 (Inorganic not pumpable)
H. Radioactive mixed 2 (No) I. TRI constituent 1 (No TRI required)
J. CAS numbers: 1. N/A 2. 83 3. 81
4. 99 5. 107

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 9.79 lbs/gal (Same unit and density must be used for all quantities on this page) (lbs)
Quantity generated in: B. Previous reporting year 0 C. Current reporting year 33343
Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year 145
On-Site System 2: System Type M Quantity managed on-site this year 159

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility: Chemical Waste Management - Emelle
Alabama Highway 17 at Mile Marker 163
Emelle, Alabama 35459
B. U.S. EPA ID No. of facility waste was shipped to: A L D 0 0 0 6 2 2 4 6 4
C. System type shipped to M 1 3 2 (Landfill) D. Off-site availability code 1 (Commercial)
E. Total quantity shipped in this reporting year: 3 3 3 4 3
Site 2: Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code 213
E. Total quantity shipped in this reporting year: 214

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No) 237
D. Quantity recycled in reporting year due to new activities 238
E. Activity/production index 248 F. Reporting year Source reduction quantity 251

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) Y
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y= Yes, N= No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year: 263
Quantity stored at year end that was generated prior to this reporting year: 273

COMMENTS:

Y Enter Y (Yes) if you have comments regarding this page and attach extra sheet.
263 Original manifests corrected to show that this was not a DO21 waste. Waste under manifest #757002 and 757001 retained on site 92 and 91 calendar days respectively, due to circumstances beyond our reasonable control.

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13 - 30.

Sec. I WASTE DESCRIPTION

A. Waste Description: Waste oil recovered during wastewater treatment ignitable and
B. EPA Hazardous Waste Code D 0 0 1 D 0 1 8 contains benzene
C. SIC code 4 9 5 2
D. Origin Code 3 System type M N/A E. Source code A 7 5 A A (Wastewater treatment)
F. Point of measurement 1 (Unmixed) G. Waste form code B 2 0 6 (Waste oil)
H. Radioactive mixed 2 (No) I. TRI constituent 1 (No TRI required)
J. CAS numbers: 1. N/A 2. 3.
4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 8.2 lbs/gal (Same unit and density must be used for all quantities on this page) (lbs)
Quantity generated in: B. Previous reporting year 4 9 4 0 9 6 C. Current reporting year 4 3 3 4 0
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment,
recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
On-Site System 1: System Type M Quantity managed on-site this year
On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
Site 1: Name and address of facility: Continental Cement
Highway 79 S
Hannibal, MO 63401
B. U.S. EPA ID No. of facility waste was shipped to: M 0 D 0 5 4 0 1 8 2 8 8
C. System type shipped to M 0 5 1 (Energy recovery) D. Off-site availability code 1 (Commercial)
E. Total quantity shipped in this reporting year: 4 3 3 4
Site 2: Name and address of facility:

B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to M D. Off-site availability code
E. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No)
D. Quantity recycled in reporting year due to new activities
E. Activity/production index F. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N
Quantity stored at year end and for 90 days or more that was generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILD 000672329 1631215003

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form GM -- Waste Generation and Management

Instructions for this form found on pages 13-30

Sec. I WASTE DESCRIPTION

A. Waste Description. Waste oil recovered during wastewater treatment ignitable and
B. EPA Hazardous Waste Code D 0 0 1 D 0 1 8 contains benzene
C. SIC code 4 9 5 2
D. Origin Code 3 System type M N/A E. Source code A 7 5 A A (Wastewater treatment)
F. Point of measurement 1 (Unmixed) G. Waste form code B 2 0 6 (Waste oil)
H. Radioactive mixed 2 (No) I. TRI constituent 1 (No TRI required)
J. CAS numbers: 1. N/A 2. 3. 4. 5.

Sec. II QUANTITY GENERATED AND MANAGED ON-SITE

A. UOM 3 Density 8.2 lbs/gal (Same unit and density must be used for all quantities on this page) (lbs)
Quantity generated in: B. Previous reporting year 4 9 4 0 9 6 C. Current reporting year 4-3-3-4-0 177700
D. Did this location do any of the following to this waste (at this location): manage in exempt or regulated treatment, recycling, or disposal process? N Y= Yes (Continue to System 1) N= No (Skip to Sec. III)
E. On-Site System 1: System Type M Quantity managed on-site this year
F. On-Site System 2: System Type M Quantity managed on-site this year

Sec. III OFF-SITE SHIPMENT

A. Was any of this waste shipped off site this reporting year? Y Y= Yes (Continue to Box B) N= No (Skip to Sec. IV)
B. 1: Name and address of facility: Continental Cement
Highway 79 S
Hannibal, MO 63401
C. B. U.S. EPA ID No. of facility waste was shipped to: M 0 D 0 5 4 0 1 8 2 8 8
D. System type shipped to M 0 5 1 (Energy recovery) E. Off-site availability code 1 (Commercial)
F. Total quantity shipped in this reporting year: 4-3-3-4 177700
G. 2: Name and address of facility:

H. B. U.S. EPA ID No. of facility waste was shipped to:
I. System type shipped to M D. Off-site availability code
J. Total quantity shipped in this reporting year:

Sec. IV NEW WASTE MINIMIZATION ACTIVITIES

A. Did new activities in this year result in minimization of this waste? N Y= Yes (Cont. to Box B) N= No (Cont. to Sec. V)
B. Activity W W W W C. Other effects (Y=Yes, N=No)
Quantity recycled in reporting year due to new activities
D. Activity/production index E. Reporting year Source reduction quantity

Sec. V REGULATED STORAGE

A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section III)? (Y=Yes, N=No) N
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (Y=Yes, N=No) N
C. Quantity stored at year end and for 90 days or more that was generated this reporting year:
D. Quantity stored at year end that was generated prior to this reporting year:

COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet.

ILLINOIS 672 327 143 11151 11

ILLINOIS
MOBILE AVE
1106

60201

ILLINOIS Environmental Protection Agency
1994 Hazardous Waste Report
Form TI - Transporter Identification

Instructions for this form found on page 31.

1. U.S. EPA ID No. IL D 0 9 9 2 0 2 6 8 1 Illinois Special Waste Hauling Permit No. 0 0 7 5
Transporter Name and Address:

Chemical Waste Management, Inc.
Central Service Area
#7 Mobile Avenue
Sauget, Illinois 62201

2. U.S. EPA ID No. IL D 0 0 9 8 4 8 1 9 3 Illinois Special Waste Hauling Permit No. 0 0 8 2
Transporter Name and Address:

Peoria Disposal Co.
1113 N. Swords Avenue
Peoria, Illinois 61604-4898

3. U.S. EPA ID No. IL D 0 5 3 9 8 0 2 7 2 Illinois Special Waste Hauling Permit No. 0 0 2 8
Transporter Name and Address:

Midwest Sanitary Service
333 Old St. Louis Street
Woodriver, Illinois 62095

4. U.S. EPA ID No. IL D 0 0 6 4 9 3 1 9 1 Illinois Special Waste Hauling Permit No. 0 0 2 5
Transporter Name and Address:

Schiber Truck Co.
Post Office Box 68
Hartford, Illinois 62048

5. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____
Transporter Name and Address:

6. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____
Transporter Name and Address:

7. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____
Transporter Name and Address:

8. U.S. EPA ID No. _____ Illinois Special Waste Hauling Permit No. _____
Transporter Name and Address:

COMMENTS: _____ Enter Y (Yes) if you have comments regarding this page and attach extra sheet.